



HHS Public Access

Author manuscript

J Assoc Nurses AIDS Care. Author manuscript; available in PMC 2022 January 01.

Published in final edited form as:

J Assoc Nurses AIDS Care. 2021 ; 32(2): 138–139. doi:10.1097/JNC.0000000000000224.

Documenting Successes 30 Years After Passage of the Ryan White CARE Act

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To the Editor,

The year 2020 marked 30 years since passage of the Ryan White CARE Act in the United States. Named for Ryan White—a child with HIV who endured discrimination and emerged as a spokesperson for HIV education and understanding before dying of AIDS in 1990 at age 18—the CARE Act established the Ryan White HIV/AIDS Program (RWHAP) within the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services. The RWHAP provides a comprehensive system of HIV primary medical care, medication, and essential support services to about half of people with diagnosed HIV (PWH) in the United States. The RWHAP has demonstrated rising levels of viral suppression among PWH who had at least one outpatient visit at a RWHAP-funded facility; in 2018, 87.1% of PWH receiving care at RWHAP-funded facilities were virally suppressed (HRSA, 2019). Today, the RWHAP is a key part of *Ending the HIV Epidemic: A Plan for America*—an initiative that aims to reduce new HIV infections in the United States by 90% by 2030.

Since 2013, service delivery and patient outcomes at RWHAP-funded HIV care facilities have been documented by the Medical Monitoring Project (MMP)—a Centers for Disease

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Author Contributions

All authors have contributed equally to the work including the development of the letter as well as reviewing the final version before submission.

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Control and Prevention (CDC) surveillance system designed to produce nationally representative estimates of behavioral and clinical characteristics of PWH aged 18 years and older (CDC, 2020). MMP also conducts surveys of HIV care facilities and HIV care providers at those facilities to produce nationally representative estimates describing HIV service delivery. MMP has published nine studies, cited herein, describing patient characteristics, onsite support services, care delivery, and clinical outcomes at RWHAP-funded and non-RWHAP-funded facilities.

Adults receiving HIV care at RWHAP-funded facilities were substantially more likely than those at non-funded facilities to have sociodemographic barriers to successful health outcomes (Weiser et al., 2015). However, among individuals with incomes below the Federal Poverty Level (<https://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty>), a higher percentage at RWHAP-funded facilities were virally suppressed after adjusting for sociodemographic differences, and a lower percentage of adults with recently diagnosed HIV reported health care discrimination (Baugher et al., 2018). Patients were also more likely to receive care that is consistent with national guidelines to prevent and treat other infectious diseases commonly affecting PWH, including hepatitis B vaccination (Weiser et al., 2018), hepatitis C prevention services (Millman et al., 2019), and annual STD testing of men who have sex with men (Weiser et al., 2020).

RWHAP-funded facilities were about three times as likely to provide on-site support services that helped patients stay in care and on their medication regimens, including mental health and substance use services, case management, interpreter services, transportation assistance, and adherence counseling (Weiser et al., 2015). Furthermore, these facilities were more likely to systematically monitor retention in care (Dasgupta et al., 2020). Providers at RWHAP-funded facilities were more likely to be HIV specialists, as defined by the HIV Medicine Association and the American Academy of HIV Medicine (Weiser et al., 2016), have larger HIV caseloads, and follow national guidelines for initiating and supporting adherence to antiretroviral therapy (Weiser, Beer, et al., 2017; Weiser, Brooks, et al., 2017).

Meeting the goals of *Ending the HIV Epidemic* will require substantial efforts to ensure all PWH are engaged in care and receive the services needed to achieve sustained viral suppression. Understanding how to extend the strategies, models, interventions, and approaches embodied in RWHAP-funded facilities to non-RWHAP-funded facilities is a crucial step toward meeting these goals.

Three decades after passage of the Ryan White CARE Act in the United States, the RWHAP continues its commitment to addressing health disparities in underserved communities and to ensuring access to and continuous receipt of high quality, integrated care and treatment services for all people with HIV as we continue to move forward with ending the HIV epidemic.

Acknowledgments

Disclosures

The authors report no real or perceived vested interests related to this article that could be construed as a conflict of interest.

This letter was funded by the CDC.

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